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ON THE REMOVAL OF SCIRRHOUS TUMOR OF THE FEMALE BREAST.

A Lecture delivered by Sir B. O. Brodie, at St. George's Hospital, Jan. 24, 1844.

GENTLEMEN,—If a scirrhus tumor of the female breast be left to take its own course, it gradually increases in extent; it contaminates the neighboring textures; it finally ulcerates, and in the greater number of cases the patient's life is terminated in three or four years from the commencement of the disease. Not only is life terminated thus early, but death is preceded by a most painful state of the ulcer. It is disposed to bleed and to slough, and the patient is rendered miserable. There is not a much worse way of going out of the world than that of being destroyed by this disease.

Looking at these facts alone, you would say there is no doubt that the proper thing to do is to remove the tumor by an operation. But then there is another order of facts to be taken into account. We find that in the larger proportion of cases in which the operation is performed, the patient is not alive two or three years afterwards; and in a great many cases, instead of the operation stopping the disease, it actually seems to hasten its progress. We find, besides, that the operation in itself is not in all cases free from danger.

These different orders of facts have led different surgeons, accordingly as they have looked at one or the other of them, to come to different conclusions as to the propriety of the operation. The late Mr. Cline, for example, and Sir Everard Home, both men of great experience, would scarcely ever consent to the removal of scirrhus tumors of the breast under any circumstances; whereas I have known other very experienced surgeons who were in favor of an operation, even in the great majority of cases. And not only has there been this difference of opinion between different individuals, but I have known the opinion of the same individual to differ at various periods of his life. I remember a very distinguished surgeon saying to me that he thought he would never perform this operation again, and yet that very surgeon, some three or four years afterwards, recommended the operation in a case in which I thought that it would fail. This discordance of opinion only shows the difficulty of the subject; and if this difficulty has stood in the way of men of great experience, it may well stand in the way of you who are beginning your

career. Hence, it appears to me, that it may be of advantage to you if I offer some observations on the subject, and endeavor, as far as I can, to clear away the doubts which may arise in your minds as to the expediency or inexpediency of the operation.

This, then, is the subject of the present lecture :—Under what circumstances is the operation for the removal of a scirrhus tumor of the breast proper, and under what circumstances is it improper?

I should observe here, in the first instance, that while a great deal depends upon the nature of the case, something will depend upon yourselves, and upon the mode of performing the operation. If there be a scirrhus tumor imbedded in the gland of the breast, and you remove the tumor and a piece of the breast in which it is imbedded, and leave the rest of the breast, according to my experience the disease is quite sure to return; and this corresponds to a rule which applies to all cases of malignant disease—that you have no security from an operation for its removal, unless you remove the whole of the organ in which the disease is seated. If, for instance, there be *fungus hæmatodes* of the bone of the leg, the patient may have some chance of doing well if you amputate the thigh above the knee; and if there be malignant disease in the femur he has almost no chance, unless, indeed, you think it worth while to take out the thigh-bone at the hip-joint. I say, therefore, that in cases of scirrhus tumor of the breast, where the tumor is actually imbedded in the breast, if you perform the operation you must remove the whole of the breast. You may imagine that this is a very easy thing to be done, but it is not so easy in reality: for in amputating the breast, you will be very apt, in a thin person, if you are not very careful, to leave small slices of the gland of the breast adhering to the skin, and I have no doubt that the part or parts thus left behind in some cases form the nidus of future disease. The color of the gland of the breast is very little different from that of the surrounding adeps; and the blood that flows adds to the confusion. To avoid the error in question, you must be careful in the dissection to keep the knife near the skin, not near the breast; and, further than this, in every case when you have taken out the tumor, you should look at its surface, and see that it is everywhere covered by healthy adeps. If it be not, then examine the inside of the flap of the skin, and see whether any small portion of the breast has been allowed to remain there.

So far, I say, the success of the operation may depend mainly on yourselves: but now let us consider what are the circumstances, independently of anything that you do, that may lead you to think there is no chance of the operation leading to an ultimate cure; and what are the circumstances that would lead you to hope that the result may be more favorable.

First, you may divide scirrhus tumors of the breast into two classes—one where there is a conversion of the gland of the breast itself into the scirrhus structure, there being no well-defined margin to it; the other, where there is a scirrhus tumor imbedded in what appears like a

healthy breast, as if it were altogether a new growth, there being a well-defined boundary to it.

In the first order of cases, where the tumor has no distinct boundary, and where it is the conversion of the gland of the breast into the diseased structure, the operation not only never succeeds in making a permanent cure, but it rather hastens the progress of the disease. The patient dies within two or three years, and probably much sooner, from an effusion of fluid into the cavity of the pleura.

Then, where the skin is contaminated, there is no chance of the operation making an ultimate or permanent cure. The skin may be contaminated in different ways. Scirrhus tubercles sometimes form in it here and there, at some distance round the tumor, the intermediate portions of the skin appearing to be healthy. Here an operation will never lead to a cure, for you cannot remove all the contaminated skin. Where the skin is thus affected, generally the progress of the disease is very rapid, and the patient dies in a short time, from effusion of serum into the chest. But the skin is often contaminated in another manner. It is thickened and brawny; the pores seem enlarged, as if you were looking at them through a magnifying glass, and you cannot pinch it up between your fingers as you can healthy skin. This is a very bad form of the disease. I have known the operation performed in two or three such cases, and the disease has always returned in the cicatrix directly, and the operation has appeared to hasten rather than to retard the fatal result. It does not matter how small an extent of skin appears to be thus contaminated; if any portion of it be in that state the seeds of disease are in the skin in the neighborhood, and the knife divides what is apparently healthy, but what is not healthy in reality.

One effect of a scirrhus tumor of the breast, in a great number of cases, is to cause a contraction of the lactiferous tubes which pass from different parts of the head to the nipple; and this contraction of the lactiferous tubes causes a drawing in or retraction of the nipple. This retraction of the nipple, I believe, is to be regarded as very unfavorable to the ultimate success of an operation; for when the nipple is retracted the disease seems always to have extended to the skin in the neighborhood, and if you examine it very carefully you will generally find manifest indications of disease in it.

Then, in many cases of scirrhus tumors of the breast, the skin is drawn in over the tumor, so as to produce the appearance of a dimple in it. Where this dimple in the skin exists you may be almost sure that there is a scirrhus tumor in the breast beneath it, and on examination you will feel it with the finger. I believe this dimple of the skin over the tumor to form a very great objection to the operation, so that there is little or no chance of a permanent cure. But, on what does the appearance of the skin depend? I have carefully dissected the parts in a case of this kind, and I will tell you how it is produced. There is a small elongation of the disease passing up from the tumor through the adeps into the skin, a sort of scirrhus filament, half an inch, or a third of an inch, or a quarter of an inch, in length. In fact, the dimple indicates that the disease is not confined to the breast, but that the skin is already contaminated.

Then, as the disease goes on, it contaminates the glands in the axilla. The glands in the axilla, if the breast be inflamed, may be inflamed and enlarged, as glands may be inflamed and enlarged from a boil or other inflammation in the neighborhood. But when there are indurated glands of the axilla, independent of inflammation, you may be sure that there is the same disease in these that there is in the breast, that the axillary glands are contaminated, and that there is no ultimate cure to be expected from an operation.

You may say, "But remove the diseased glands from the axilla." I have done this, and seen it done, and I will tell you what invariably happens. Perhaps you have discovered only one enlarged gland in the axilla; you have determined to remove it, and when you have got into the axilla, you find other large glands contaminated in the same manner, though of too small a size to have been perceptible through the skin before the incision was made.

I need hardly tell you that if the scirrhus tumor adhere to the parts below—to the pectoral muscle and to the ribs, or if the skin be ulcerated, there is no chance of a permanent cure from the operation.

You will find patients sometimes, who, while they have a scirrhus tumor in the breast, have indications of the same disease, or some other form of malignant disease, in other organs. One patient may have signs of malignant disease of the liver; another, of the lungs; another, of the uterus. Of course, if there be any suspicion of the same mischief going on in internal organs, you will know that no permanent cure is to be expected from the removal of the diseased breast.

These circumstances, then, are sufficient to forbid an operation with a view to an ultimate cure; but you must also take into account the state of the patient, her age and condition in other respects: for instance, if an old woman has a scirrhus breast in a quiet state, you would never think of amputating it, because she may die first. The disease may outlast her.

Now, having taken away these cases, you will find in practice that there are very few left in which you will think right to offer an operation, as affording a chance of permanent cure. What are the cases, then, in which the removal of the breast is proper? Where the skin is perfectly sound; where the nipple is not retracted; where there is no dimple in the skin over the tumor; where there is no diseased gland in the axilla; where there is no sign of internal mischief; where there is no adhesion of the breast to the parts below; and where the patient is not very much advanced in life: in a case where this fortunate combination of circumstances exists, I should say that there is a reasonable chance of an operation making a cure.

Still, I do not mean to say that in *all* these cases there will be a permanent cure—far from it; but there will be, in *some* instances. The chances of it in such a case as I have described may be sufficient to warrant you in recommending the patient to submit to the operation; and I have the satisfaction of knowing several persons on whom I have performed the operation under these circumstances, who are now alive and

well, and who otherwise would certainly have been dead long ago. So long since as 1832, I removed a breast affected with a scirrhus tumor, and the lady is still alive and well—at least she was so last year. Since the operation she has married and had children. Last year I was called to see a lady on account of another complaint, on whom I performed the operation as long ago as 1830, and there she was, still alive and well.

But besides such cases as I last described, there are others in which the operation for a scirrhus tumor connected with the breast may be performed with a still better prospect of success. A hard tumor sometimes forms on the surface of the breast, which feels like scirrhus, and on cutting into it, it looks like it; so that I can give the disease no other name. It appears to be unconnected with the breast; but when you remove it, you find that it is attached to the surface of the gland, just at one narrow corner. I have removed three tumors of this kind, leaving the breast uncut except where I separated the tumor from it; and in each of these three cases the patient was alive and well a considerable time afterwards. Indeed, I do not know that in any one of them there has been a return of the disease.

Again, a scirrhus tumor may occur in the nipple; and I believe that this may properly be distinguished from a scirrhus tumor of the breast itself, and that there is a greater chance of a permanent cure from an operation where the disease originates in the nipple, than where it originates in the breast. There was a lady who had such a tumor of the nipple. She consulted several surgeons about it; and as the disease was in a quiet state, it was recommended that it should be let alone. After some time she came to London, and was under the care of the late Mr. Rose, who was a surgeon of this hospital; and I saw her with him. The tumor was still confined to the nipple, and had been going on for some years without coming to any harm; but it was now making progress. We agreed that it should be removed. Mr. Rose removed the breast, which appeared sound, the nipple alone being diseased. She recovered, and was alive and well many years afterwards. A lady consulted me concerning a scirrhus tumor of the nipple: at least I call it scirrhus, for it presented all the characters of that disease. It was as hard as scirrhus, and it had ulcerated. The breast itself seemed to be sound. She was a stout elderly lady, with an enormous breast, and a great deal of adeps over it. The removal of the whole breast would have been a frightful operation, and it is more than probable that her constitution would not have borne it. She was suffering great pain from the disease. I applied chloride of zinc, and afterwards the caustic potassa, till I destroyed what appeared to be the whole of the disease of the nipple. This was three or four years ago. The wound healed, and the patient is alive and well at this moment. The two last orders of cases are, then, to be especially distinguished from those of which I have spoken formerly.

[To be concluded next week.]

CASE OF THE LATE MAJOR GRISWOLD.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—A sense of the obligation which rests upon me to do what I can for advancing the interests of our profession, has induced me to give you, for publication, the case of my friend and neighbor, Maj. Joseph Griswold, late of Buckland.

Maj. G. was a man of robust constitution, sanguine and bilious temperament, about 5½ feet in height, capacious chest, rather large head, short neck, by occupation a farmer and mechanic. He had been subject to *diarrhæa biliosa*, alternating with constipation; had had occasional determination of blood to the head, producing vertigo, relieved by copious venesection; had had a severe attack of acute rheumatism, and occasional fevers.

Soon after his return from Boston (about the first of April, 1843, where he had spent the winter as Senator from Franklin Co.), he called at my residence; said "he was well, but everybody called him sick," and that the day before he left Boston, his friend and colleague, Dr. Champion, of West Springfield, gave him some medicine for disease of his head, which he was then using; asked my opinion of his case, and of the remedies which he showed me. These questions gave rise to an investigation at that, and two or three subsequent times, the result of which I will now delineate. Countenance pale and bloated, and upon the least mental emotion, or bodily exertion, assumes a livid color in the cheeks, nose and prolabia, with more or less coldness in the extremities, and the head is sometimes moved by the violence of the heart's action. Muscular exertion aggravates all of the above-named symptoms. Skin rather colder than natural, with frequent livid appearance of the nails; feet and legs œdematous; says, "I have not been able to wear a boot or a shoe since I arrived at Boston last winter." Function of the brain much impaired; talks almost incessantly; passes rapidly from one subject to another; hurried wakings from sleep, &c. &c.; frequent dyspnœa, aggravated on going up stairs, or any muscular or mental exertion, occurring usually in paroxysms; pulse about 70 per minute, and feeble for the most of the time, with occasional intermissions. When asked—have you any pain? answers, "no pain;" have you any distress? raising his left hand to his clavicle, and drawing it down over his heart, says—"If I have any, it is about here." Thorax in the region of the heart decidedly enlarged; sound, on percussion, dull; other portions of the chest sound natural. On applying the stethoscope, the beat of the heart is more diffused than natural; impulse rather strong; first sound somewhat obscure, but occasionally very strong; again obscure, with a short flapping character; rasp-like sound perfectly distinct. Bowels constipated; appetite tolerable, but depraved; wants vinegar, pickles, &c.; tongue coated with a dark, dirty covering, and red, but not dry; breath excessively offensive. No tenderness of the epigastrium or abdomen; no vomiting; urine scanty and high-colored, otherwise not unnatural.

Diagnosis.—Great functional disturbance of the digestive organs; may be idiopathic hydro-pericardium, but there is positive structural disease of the heart and its valves, probably the aortic; cannot detect structural disease of any other organ.

Prognosis, for the present favorable; may, with proper medical treatment and care on his own part, live months, or even years, but can never promise a radical cure; liable to die suddenly. Advice, for the present, to continue his friend's medicine.

April 10.—Was at his house. Symptoms much the same, but is very weak; walking from the bed to the stove frequently brings on most excessive action of the heart, and a sense of impending suffocation; high state of mental excitement; talks almost incessantly, thinks his medicine does him no good, and wishes me to prescribe for him.—R. *Pilulæ hydragryi*, gr. xx.; *morphiæ sulphas*, gr. j. Make four pills; take one morning and night; follow with mild laxative once in two days. Ether chloric before getting up, and when faint or distressed.

12th.—Free, dark, fœtid evacuations; has rested better, not so many distressed turns. Continue the pills, and R. Iodide of potassium, ʒij.; aqua, ʒj. Take 30 drops three times per day, using freely a strong valerian tea, with moderate friction.

15th.—Has had an increase of urine; no distressed turns; bowels quite free; breath is losing its fœtor; tongue improved; appetite better; rests more quietly.

18th.—Pulse quiet. Has had copious discharges from his bowels; but, on the whole, is stronger, and appears more like Maj. G. Omit the pill, but continue the morph. sulph. in same quantity.

20th.—Has had a copious secretion of urine, says "two or three gallons in twenty-four hours;" cedema of the feet and limbs subsiding; walks about his house. Take less of the potash.

May 3d.—Says he feels much more comfortable; "must believe me that he is going to get well." Appetite good; bowels regular.

6th.—Walks about considerably; feet natural; countenance much improved.

17th.—Stays in his field from morning till night. For a number of days has worked at planting, driving team, going to mill, &c. &c. Says—"I take my medicine when I think of it." Countenance improving; is quite comfortable.

Between this time and June 14, I saw him almost daily as I passed his fields, or his house, engaged with his help as usual (for Maj. G. was a "working man"). On this day I left home for Boston, and was absent about one week, and on my return learned that he had had a "poor turn," and that Dr. C. Knowlton, of Ashfield (being in town), was called, and subsequently pronounced his case *scirrhus* of the stomach; prognosticating decidedly unfavorably. I saw the Major a few days after, about a mile from his house, where he was engaged as commissioner upon an estate. Noticed nothing unusual, save that he appeared very much depressed in mind. Did my business with the commissioners, and returned to my home, and after this heard nothing from him (save the

every-day report of people in the neighborhood, that "he had cancer of the stomach, and was evidently running down"), till about the second week in July, when, as he was my friend and neighbor, connected by marriage, and had once been my patient, I called to see him. He received me cordially, told me that he was "running down," that Dr. Knowlton did not agree with me and Dr. Champion with regard to his case, &c. He appeared much depressed in spirit, moaned frequently, looked pale, was quite weak and was confined to his bed a considerable portion of the time; nothing new with regard to general symptoms.

After this time, I saw him once or twice a week, as a friend and neighbor (Dr. C. Knowlton being, so far as I know, his only attending physician, from the time he first saw him, up to the hour of his death), till about three weeks before his death, when I visited him every day (extraordinaries in business excepted), till he died; noticing minutely, day by day, his symptoms, and the result of my observations, as well as the *post-mortem* examination, I will now submit to you.

From July 24th to the 31st, is confined to his bed most of the time; lies generally upon his back, with limbs flexed upon the pelvis; expression of the eye and countenance rather vacant; pulse 70 per minute, moderately full, occasionally intermits; but little appetite; moans frequently, throwing himself from one side of the bed to the other; recognizes friends readily. From July 31st to Aug. 5th, attitude much the same; lies upon his back; groans often, and loud; head hot, and rolling from side to side; eyes slightly injected, with contracted pupils; has had, since the 24th, rather copious epistaxis frequently; bowels full; pulse in the left hand full and strong, in the right very weak, and often scarcely perceptible; aroused with more difficulty; not inclined to converse. From the 5th to the 8th, posture about the same; lies upon his back, limbs strongly flexed upon the pelvis; head hot, and rolling from side to side; eyes injected slightly; bowels full, and hard, and have not been moved for about fourteen days; not easily aroused; has had a purulent discharge from the left ear; says to friends, when aroused, and asked do you know me? "yes, I know you—yes, I know you"; moans or groans almost constantly; pulse in the right arm hardly perceptible, in the left full and strong; tongue, when protruded, drawn to the right side. About this time his bowels were moved by an enema, producing some temporary relief.

8th.—Visited Maj. G. in company with Dr. Simeon Strong, of Heath (recently of Amherst), who saw him by request of Rodolphus White, a son-in-law of Maj. G. No change in attitude; lies upon his back most of the time; inclines to slip down in bed; moans often; cannot be aroused to any considerable extent. Dr. S. thinks he can detect a slight pulse in the right arm at the wrist.

9th and 10th.—Strength failing fast.

11th.—Visited Maj. G. by request of W. Griswold, Esq., of Greenfield, to relieve him of supposed retention of urine; but, none existing, did not introduce the catheter. Lies upon his back, the very picture of suffering in the extreme; groans almost incessantly; pupils of the eyes

dilated, do not contract under the influence of the strongest light ; right side becoming more and more paralytic.

12th, A. M.—Bowels have moved frequently during the night ; right side completely paralytic ; is in *articulo mortis*. Lingered, in the most extreme suffering, till between the hours of 10 and 12, when death came to his relief.

I may here remark, that so far as I was able to learn, but little medicine was used in the case during the last few weeks of the life of Maj. G., with the exception of brandy and water, which was used as a stimulant in a very moderate quantity, so far as I know, daily during the above time.

Autopsy.—Twenty hours after death. Were present, Drs. Deane, of Colerain ; Strong, of Heath ; Bates, of Charlemont ; Taylor, of Buckland ; Tabor, of Shelburne Falls ; Tobey, of West Cummington ; Knowlton, of Ashfield ; my friend and pupil, I. Perry, A.B. ; quite a number of gentlemen and friends from this and the adjoining towns, and myself. (Scalpel in the hands of Dr. Knowlton.) Nothing unusual about the external appearance of the subject. Adipose tissue upon the thorax and abdomen from half an inch to an inch thick. Thorax first examined. Lungs sound ; no adhesions ; pericardium natural, containing about the usual quantity of serum ; heart, on removal, looks quite pale, the left ventricle in a decided state of hypertrophy, much softer than natural, and very easily torn or detached by moderate pressure between the thumb and finger ; two of the semilunar valves in a state of ossification ; right auricle natural ; right ventricle too soft ; left auricle not examined in its natural situation, being cut away in removing the heart ; valves of the pulmonary arteries not examined, in consequence of being partially lacerated, or cut away.

Abdomen next examined. Stomach, liver, spleen, kidneys and intestines, healthy ; mesenteric glands not enlarged ; pancreas not enlarged, not unnatural in shape, but in a state of simple induration, well described in the Library of Practical Medicine, vol. 3, p. 194, under this head. The head, from various circumstances, as the feelings of relatives, the lateness of the hour, and the approach of the funeral services, was not examined—a circumstance, in a scientific point of view, most deeply to be deplored.

That so slight disease of an organ so obscure in its functions as the pancreas, could under any circumstances give rise to so formidable an assemblage of symptoms and phenomena as were witnessed in the case of Maj. G., is, in the light of science, entirely out of the question. On the other hand, that the great nervous centre, the brain, was most seriously affected by this morbid condition of the circulatory system, or some other cause in the case before us, and that there was for a long time the most violent determination of blood to it, and that this determination was the immediate cause of death, must, *a priori*, be apparent to the merest tyro in medicine. How much the last diagnosis in the case, with a prognosis and treatment predicated upon it, was calculated to prolong the life of the patient, I shall leave for others to decide ; and also what re-

nowned auscultators *we* in little Franklin are, if, with the facilities of a country practice, we can detect the *bruit de soufflet* in an open-air carriage examination, so that after one solitary examination we can declare positively, with regard to an organ the diseases of which are so very obscure as those of the heart—a declaration at which, the brightest star in the pathological constellation of the world might blush, if in an unguarded moment it should chance to escape from his lips.

One therapeutical point, to which I would call the attention of my brethren in the profession, in connection with the case of Maj. G., is this—if a pancreas, in its natural position and in an unenlarged state, may so readily obstruct the flow of bile through the *ductus cysticus*, shall we not be able, simply by studying position, to induce catharsis or constipation in our patients at pleasure, without the use of our common, and to them ordinarily very unpleasant remedies? N. G. Trow.

Buckland, March 6th, 1844.

MEDICINES ADMINISTERED BY THE NOSE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having, for several years, been invariably successful in administering medicines through the *nose*, when the powers of deglutition were totally lost, as well as when medicines have been rejected either through imbecility or obstinacy, and where it was impossible to introduce any in consequence of the tetanic state of the jaws, without having recourse to the barbarous practice of knocking out several teeth, I deem it a duty incumbent upon me to make the procedure known to the profession, as I am not aware that a similar method has hitherto been observed, at least in the human subject. I have adopted the same plan in suspended animation, or asphyxia, with astonishing success—life having been restored, even when its last spark was almost extinguished, and death seemed complete. I shall very briefly state a few cases.

A stout, plethoric girl was taken with convulsions, shortly after a full meal at supper. The family physician was called in, but the convulsions were so violent, and the *jaws* so firmly locked, that he could not introduce any medicine into the mouth. Attempts at bleeding were made; frictions, sinapisms, sprinkling of cold water, &c. &c., were used, to no purpose. At 11, P. M., I was called in. Never had I seen a more violent case of hysterical convulsions—the friends apprehended speedy death. Twenty grains of pulv. ipecac. with 1 gr. potassio-tart. ant. were mixed in a spoonful of water. This was poured into the nostrils, and passed down, as was manifest by the action of the throat. Immediately after, 3 ss. spt. ammon. arom., undiluted, was sent after the other; this produced a marked uneasiness; sneezing followed, but soon ceased. The fits returned, and the aromatic spirit was repeated, at least ten or a dozen times. The face gradually lost its livid hue, the patient became more tranquil, and in twenty minutes the “jaw fell,” and copious vomiting of much acid and undigested food followed. The next morning my patient

was up and about, to the astonishment of all, and well, save a tenderness in the nose and some heat in the fauces.

Not long after the occurrence of the preceding case, I was requested to see a fine, and most completely "spoiled child," four years old. Speedy vomiting seemed to be indicated; 10 grs. pulv. ip. and gr. i. of tart. ant. were repeatedly forced into the mouth, and as often spurted out in the faces of the assistants—holding the head back, and ample pinching of the nose, notwithstanding. Seeing this, a similar dose was prepared in a spoonful of water, and poured into the nostril. This readily passed into the stomach, maugre the efforts the urchin made to send it whence it came. The medicine had the desired effect, and, I take it, saved the wayward child. After this, the little vixen was ready enough to take medicines in the right way.

Last summer I was called in haste to a sailor, who had fallen into the river, and had been under water "upwards of ten minutes," as affirmed by the Captain and by-standers. He had all the appearances of being dead—the face bloated and livid, the mouth filled with froth and mucus. Another practitioner had preceded me, and was industriously occupied in rubbing the body, which was cold and exposed to the air. He was immediately wrapped up in warm blankets, and under these dry mustard was abundantly rubbed over the whole surface, while I was busily employed with the spt. ammon. arom., first pouring 3 ss. down the nostril, then dipping a quill, saturated with the *aqua ammonia*, and which was thrust down the nose as far as could be reached. This caused some motion—the face became a little florid, a feeble attempt at sneezing was evident—then an attempt to cough, but in a moment after, all was again still; but by persevering in this course for fifteen minutes, the man sneezed forcibly. From this instant it was easy to produce excitement. Thirty grains of pulv. ipecac., mixed with water, was now poured down the nose. In about ten minutes vomiting occurred; much mucus, and the remains of a half-digested dinner, came up. In one hour he was partly conscious; he was then bled 3 xvi., followed by suitable aperients, &c. &c., and in a few days, to use his own language, he "would be quite well, if it was not for the infernal burning and itching of the skin [caused by the mustard], and the thump on the head," for he struck it on a plank while falling into the water.

A few months since, I was called to a man stated to be dying, from the effects of an extraordinary portion of whiskey he had just taken. He was cold and clammy; the face and the extremities quite blue; mouth filled with froth; breathing nearly suspended, and pulse countess. He had all the appearances of one in *articulo mortis* with Asiatic cholera. Not having a stomach pump at hand, and not having time to wait for one, as life was nearly gone, thirty grains of pulv. ipecac. was at once mixed up and poured down the nose, as nothing could be passed through the mouth; and the slight effort to swallow led me to think it was trickling down the throat. Immediately after, 3 ss. spt. ammon. aro. was poured into the other nostril; this caused manifest uneasiness, but nothing more. Another portion was administered, which produced some winc-

ing. A long quill, well saturated with the common aqua ammonia, was repeatedly thrust in through the nose. An effort to sneeze, then a cough, and then a good hearty sneeze, assured me that the toper was not entirely gone. Nausea soon became apparent, vomiting followed, and in two hours the wretched man had knowledge enough to ask where he was, and the next day was sufficiently well to take the temperance pledge.

An athletic man, raving mad with *delirium tremens*, to whom it was impossible to give any medicine by the mouth, was in two hours in a state of tranquillity, having swallowed through the nose one grain ext. belladonna, two grains of pulv. ipecac., and three grains pulv. opii, mixed with water in a spoon.

I am by no means an advocate for the constant and indiscriminate exhibitions of medicines in this manner. I am even apprehensive, that the liquid thus introduced might occasionally pass into the trachea, and produce considerable distress. But where no other means are left, I am decidedly of opinion that the plan above stated should be employed, and I feel satisfied that life might be restored in many cases when otherwise it would be lost; at the same time, I am free to state, that in no instance could I detect any injury resulting from the practice.

When the powers of deglutition are lost, or a spasmodic affection of the throat, or rather of the fauces, exists, as in *hydrophobia* especially, I would strenuously recommend the above practice. And in *asphyxia*, I am satisfied no more effectual nor more prompt means could be used to excite respiration. In all cases where persons are strangled, as it were, from inhaling noxious and poisonous gases—such as are given out from putrefying vegetable and animal substances, after having been closely pent up and suddenly loosened, bodies recently interred, privies long closed and then uncovered—or from breathing carbonic acid gas in brewers' tubs and in deep and foul wells, or in close rooms where charcoal has been burned, I would suggest that the aq. ammon. be applied to the nostrils, and as far down the throat as possible, by means of a strong and long feather. A writing quill I have found to answer admirably well, and in the absence of any of these things, I pour the ammonia from the phial; and if there is the smallest vitality left, it will be called into action by thus irritating the extremely sensible Schneiderian membrane, which will at once call the respiratory organs into activity. I shall not dilate on the above, but leave theory and speculation to such as have more time and talent. I have dealt with facts, and flatter myself on having made known a treatment that will be found available in some of the most desperate and melancholy cases that have but too often baffled the best attempts of able and humane men by other means. Let it be remarked, however, that while these powerful measures are resorted to, other and obvious adjuvants are not to be neglected.

WOLFRED NELSON.

Montreal, Canada, Feb. 12th, 1844.

DR. MASON'S REPLY TO AN ANONYMOUS CRITIQUE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In perusing your Journal of the 21st Feb., of the present volume, I noticed a *scribbling* from the pen of another of your unknown correspondents, who has there attempted, in a manner, the meanness of which is equalled only by its cowardice, to ply his *syringe* from behind a *stump*, with the intention of besmearing some of your correspondents with his slime.

I was in doubt, when I first read it, whether it was proper to notice it; and should not, were it not that he made an attack upon the *phraseology* of the communications he alludes to; and to prove that he had some ground for attack, has pretended to quote extracts from at least one of them. For instance—in the communication on Animal Heat, to which he refers, the following sentence is used—"Messrs. Blake, Davie and Crawford, have all showed much talent in writing on this subject." He has quoted it—"Messrs. Blake, Davie and Crawford have all showed much talent in *writing*"—leaving out that part which completes the sense. Again, he quotes—"I recollect of reading an anecdote in your Journal (the No. I do not recollect) of a young lad, who was kept on a diminished quantity of food for some weeks, the consequence of which was a continued sense of cold. And this is why the aged person never wishes to leave his fireside, especially to be exposed to the chill of winter." This gives the reader to understand that the last clause of the quotation refers to the first, while that to which it *does* refer is left out. And of such is the whole made up, together with the "beauties" of the "Queen's English;" such as "cogitations" for dialogue, "casuist" for reasoner, "stand out in bold relief," "propriety," "rush light," &c. It seems he has commenced a series of communications upon your correspondents; his first directed to two authors (as he calls them), one on *Animal Heat*, the other on *Bloodletting*; and what must add much to the interest of your Journal, and the fond anticipations of your many readers, a promise is held out that at some future time they shall be *edified, enlightened and instructed* by more of his *learned, argumentative* and rhetorical comments, on some of the others. What a monster! Why does he destroy the peace of every one of your correspondents, with the dread that he may be the next unlucky victim who shall be compelled to "run the gauntlet," with this writer and his "cat o' nine-tails," executing the just sentence against the crime of originality, at a period in which lives such a "scintillating" genius as "X. X., of Worcester! Peace to the two who have already received their stripes! But woe to them whose backs are yet unscarred by the lash of this voluntary "*Le Rousseau*" of the medical corps.

The communication alluded to was undoubtedly the work of malice or envy, and was done in apparent ignorance of the etiquette that should always be observed by medical men.

May I ask, Sir, is it right that a Journal so extensively read as yours, should be the medium through which such writers as X. X., without a name, may vent their malice, curiosity, or envy? Do not your corres-

pondents expect, that if their communications are thought worthy of insertion, they also may be protected from the *billingsgate* of such individuals? To conclude, if we may judge of the author by the character of his writing, we should say—"Tarry in Jericho till thy beard is grown."

WM. H. H. MASON.

Moultonborough, N. H., Feb. 27th, 1844.

N. B.—I shall take no farther notice of any communication that may hereafter appear on this subject, unless the writer gives his name.

W. H. H. M.

IMPROVEMENTS IN MEDICINE AND SURGERY.

[THE late excellent address of Dr. O. W. Holmes, of this city, before the Boylston Medical Society of Harvard University, has been alluded to in the Journal, and we improve the earliest opportunity to copy a page or two from it. We shall endeavor to make further extracts as space will allow.]

There are many improvements in several most important departments of medical science, to which it is only necessary to allude.

First in consequence, is the ever-growing conviction in and out of the profession, of the comparative insignificance of *drugging* in all its forms as an antagonist to disease. That the body is a changeable compound of particles, which must be properly aired, washed, agitated, rested, protected and renewed, in order that their changes may run on in the rhythm called health; and that no drug can take the place of these conditions any more than it can give music to a piano-string which is loose or broken, is to some extent understood. A vast deal of annoyance and often positive injury is spared to the patient, while the physician has learned submission to the laws of nature, and grown less presumptuous in his expectations and promises.

Concerning various practical improvements in the different branches of our art, it is not my intention to make any particular remarks. The simplification of prescriptions, the isolation of the active principles of many vegetable products, the introduction of new and useful remedies into practice, are matters of interest, but these may be considered as a part of the steady growth of knowledge, and hardly as marking an epoch of progress. The same remark may be applied to the improvements in mechanical surgery. Strictly speaking, this art may be susceptible of continual improvement, in the same way as watch-making or printing; but that each of these pursuits has pretty clearly shown all its essential capabilities, will be generally conceded. We would not undervalue the recent achievements of ingenuity in the invention of subcutaneous operations and the revival and improvement of plastic surgery. But that there are distinct and visible limits to this department, is so clear that the wildest optimist can hardly look forward to the time when such operations as the "total extirpation of the sphenoid," once mentioned in a London journal, shall be performed with impunity upon the living subject.

I have little to say respecting the progress of another branch of the profession, in which the more extended employment of auscultation and the discovery of kiestein are the most conspicuous novelties. I must, however, leave my path a moment for the sake of calling your most serious attention to a fact not often enough insisted upon—namely, the contagiousness of puerperal fever. Having developed the evidence on this point at some length in a journal recently published in this place,* you will not expect a repetition of it here. Allow me only to repeat my conclusions to you.

The offices of an attendant upon the parturient female, in the vast majority of cases, consist of very little more than the prevention of improper meddling, and the promotion of his patient's comfort. The accidents involving life are mere exceptions in the course of a natural process, and when they occur his power over them is generally limited, and often nothing, or next to nothing. I believe that all who will take the trouble to look over the fifteen thousand cases of Dr. Collins, or any other extensive tables giving the result of a large experience, will not think this an unfair statement.

But from the facts I have exposed elsewhere, it appears that the medical attendant has a power of doing mischief which has sometimes proved enormous. He may carry a pestilence about with him from house to house, that shall kill more women in a month than he is like to save in his whole life: there is too great reason to fear that he has done so often. Look over the tremendous series of cases proving what I say, and then if a question should ever arise between your private advantage and a score or two of innocent lives, remember that you have been warned against adding your names to the list of those who, with a smile upon their faces, have carried death from bedside to bedside, sometimes ignorantly and innocently, and sometimes negligently, if not criminally; but compared to whom Toffana was a public benefactress, and the Marchioness of Brinvilliers a nursing mother!

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 27, 1844.

Mineral Paste for filling Teeth.—In the March No. of that well-conducted periodical, the *American Journal and Library of Dental Science*, there is an important paper by A. Westcott, M.D., of Syracuse, N. Y., which is worthy of an extensive circulation. The object of the Report, which was originally made to the Onondaga County Medical Society, is to show the injurious effects by filling teeth with amalgams. No one who has paid the least regard to this modern scheme of unprincipled operators, can be ignorant of the alleged injuries produced by it on patients.

* New England Quarterly Journal of Medicine and Surgery for April, 1842.

Two roving English dentists, the Crawthurs, made sad havock in New York, a few years since, with their Succedaneum, and the circumstance is not likely to be very soon forgotten. Here in Boston there has been something in use called *lithodeon*, that is regarded as a similar substance to that used by the adventurers who have promised so much and accomplished little or nothing. If a tooth is to be filled, the only safe way is to go to a dentist of known integrity, and submit to the operation he may propose. Gold, and gold alone, the Boston dentists assure us, is the substance that should be used in filling hollow teeth. No salivation follows; no exfoliation of the walls of the jaw takes place, or inflammation of the soft parts, the almost invariable effect of having them filled with the secret compounds of quack dentists—for no others use them.

State Lunatic Hospital at Worcester.—We copy some of the more interesting items from Dr. Woodward's last annual report. Additions are about being made to the buildings, which, when completed, will enable the Hospital to accommodate 400 patients.

This Hospital has now been opened nearly *eleven* years. It has received 1777 patients, discharged 1522, of whom 792 have recovered and 136 have died; the remainder, 594, have been discharged in various conditions, some in a state of convalescence, some greatly improved, others less improved, and many harmless and incurable, or dangerous and incurable, who were sent away for want of room. 255 patients remain, who exhibit all the different forms of disease, from curable insanity to hopeless idiocy.

Patients in the Hospital in the course of the year, ending Nov. 30, 1843, 458. At the commencement of the year, 238. Admitted in the course of the year, 220. Remain at the end of the year, 255. Of the patients now in the Hospital, cases of duration less than one year, 45; cases of longer duration than one year, 210.

Patients discharged during the year, 203. Recovered, 116; improved, 32; incurable and harmless, 24; incurable and dangerous, 9; died, 22. Patients discharged whose insanity was of less duration than one year, 95; of longer duration than one year, 108.

Of the 1777 cases which have been received into the Hospital since its commencement, Dr. Woodward arranges the causes as follows:—Ill health, 279; intemperance, 239; domestic afflictions, 179; religious, 148; masturbation, 133; property, 90.

The number of cases of insanity from religious causes has increased the past year in most of the institutions of this country. In this Hospital, 28 cases of 220 are supposed to have arisen from this cause, 15 of which were attributed to the Miller excitement, and much larger proportions are ascribed to the same cause in some of the New England institutions. It is rare that a popular religious error has produced so much excitement in the community and rendered so many insane. This is not surprising, as the subject is momentous, the time fixed for the final consummation of all things so near at hand, and the truth of all sustained by unerring mathematics.

For the first time since the Hospital was opened the number of married persons admitted has exceeded the number of the single, if we except widows and widowers (103 to 92). In most of the British and American

institutions the number of single persons admitted exceed the married by a considerable number. Celibacy unquestionably favors insanity.

Restraints were never common in this country as in Europe, and though not wholly abandoned, are rarely used to any great extent. I have been more or less intimately connected with institutions of this character for the last twenty years (says Dr. W.), and have had the care of nearly eighteen hundred patients within the last eleven years, yet I never saw a leg-lock, a tranquillizing chair, or a muffled hand garment; neither have I seen a strait waistcoat for ten years, nor any other instrument of severe restraint.

University of New York.—The only reason why no mention has been made of the great school of medicine connected with the University of New York, was because no data were accessible on which to speak with authority. Such a thing as a catalogue has not been seen in these parts, to our knowledge, the present season. However, we have learned that the class contained 327. Subsequently, the papers mention that the graduation of 92 with the degree of M.D., passed off very satisfactorily. All accounts agree in this, that the course the past winter has been all that could have been desired by the friends of medical science. And what is still more gratifying, the two institutions are at peace with each other, and consequently have the good wishes and cheering influences of the great public at large.

The following are the names of the candidates, with their native place of residence affixed to each, and arranged in alphabetical order:—Jas. N. Alford, S. C.; J. F. Arrowsmith, N. J.; Christopher V. Barnett, N. Y.; Edw. Bayard, Del.; Wm. H. Beatty, N. C.; Wm. P. Bell, Pa.; Elbert Bland, S. C.; Jas. H. Bogardus, N. Y.; Chas. Bonner, Ala.; Thos. H. Brown, N. C.; Thos. E. Burtzell, N. Y.; — Bruce; Jas. A. Carmichael, Va.; Jas. D. Caulfield, Va.; Seth P. Chapin, Conn.; Elihu D. Cherry, S. C.; Edw. L. Chichester, N. Y.; Francis V. Clark, Pa.; A. S. Combs, N. J.; Alex. J. Dallas, N. Y.; Nathan Deane, Vt.; J. J. Delamater, O.; Milton K. Devane, N. C.; H. P. Dillenback, N. Y.; S. Z. Earle, N. B.; J. Edwards, Ind.; C. W. Ensign, Conn.; R. W. Evans, U. C.; J. W. Fell, N. J.; A. F. Follin, Ala.; Jas. B. Gilbert, N. J.; John D. Goneke, Ga.; Wm. W. Green, N. C.; Geo. C. Gray, Tenn.; H. N. Guernsey, Vt.; Jas. Hamer, Pa.; N. Hanford, N. Y.; J. R. Hawes, N. C.; Thos. H. Hawks, N. C.; Sam'l W. Hazlet, N. Y.; A. S. Heath, N. Y.; H. Hubbard, R. I.; E. W. Hunter, Ga.; Edw. Jenkins, Md.; W. B. Klipstein, Va.; Jesse Leapheart, S. C.; N. C. Levings, N. Y.; R. Manley, N. J.; John M. Mars, S. C.; R. B. McCay, Pa.; J. W. Meriwether, Ala.; Thos. Milner, Ga.; Jacob Moore, Conn.; A. C. Morrogh, N. Y.; Jno. F. Morse, Pa.; J. R. Mowbray, N. Y.; A. F. Newkirk, N. C.; J. W. Osgood, Mass.; A. Otterson, N. J.; David G. Outlaw, Tenn.; S. Allen Paddock, N. Y.; W. C. Parker, N. Y.; John E. Peck, Pa.; W. A. Player, S. C.; Henry C. Preston, Conn.; G. Prince, N. Y.; Sam'l S. Purple, N. Y.; Benj. F. Rawls, S. C.; B. Rives, Va.; J. G. Rives, N. C.; Ira Russell, Mass.; N. B. Scott, Md.; R. B. Scott, Va.; W. R. Sevier, Tenn.; C. W. Stoothoff, L. I.; W. W. Strew, N. Y.; E. Thayer, Mass.; B. W. Thompson, N. Y.; Matt. Thompson, O.; Edw. Townes, Va.; Jas. D. Trask, Mass.; A. J. Trippe, Ga.; R. A. Tucker, S. C.; F. Tuthill, L. I.; J. O. Van Hovenbergh, Ill.; C. D.

Varley, N. Y.; A. C. Walker, O.; J. A. Walker, S. C.; J. H. Webb, Ala.; L. B. Wever, S. C.; H. L. Whipple, Ala.; F. Woodruff, Conn.; D. H. Bruce, Ala.

College of Physicians and Surgeons.—At the Annual Commencement of this institution, held at the College in Crosby street, the President conferred in form, the degree of M.D. upon the following list of candidates: James H. Allen, A.M.; James Altham; John Van Dyk Berier, A.B.; Wm. Blackwood; Robert F. Brewer; David T. Brown; John H. Brush; John J. Crane, A.M.; Thos. W. Foster; Cha's L. Frost; John S. Gardner, A.M.; Jeremiah C. Garland; Charles B. Gill; Philo P. Greenly; Alexander Greig; John C. Hubbard; Anthony D. Morford; Francis J. Morse; Patrick A. McBarron; Samuel J. Osborn; Alexander Perry; Joel R. Ross; Thomas Ryerson, A.M.; Der M. Senakerim, A.M.; John Snowden; De Witt Tappan; Valentine Vermilyea; Cyrus F. Ward, A.M.; Claudius B. Webster, A.B.; Ferdinand L. Wilsey; Joseph Winterbotham; John Young. The degree of Doctor of Medicine is also conferred upon the following gentlemen, absent by permission:—Samuel Healy; Samuel S. Migener.

Richmond Medical College.—In the thriving city of Richmond, Virginia, is located the only medical school in the State. It has an efficient faculty, and everything else that appertains to a good institution. At present, the edifice in which the lectures are given, is not what is required. It is on the main street, and any unusual commotion of teams makes it extremely difficult to hear the speaker. A few weeks since, it was our happiness to be present at one of Dr. Warner's lectures—on dislocations. It was admirable, and gave us an opportunity of judging personally of the tact and eminent professional qualifications of the occupant of the chair of surgery. The Legislature should cherish their only medical institution, and at once give them such conveniences for teaching as are due to the respectability of the professors and the dignity of their labors. At the annual commencement recently held, the degree of M.D. was conferred on twenty-four young gentlemen, and an honorary degree of like character on Dr. Nath'l T. Green, of Danville, Virginia.

Health in the Ohio Penitentiary.—The condition of the Prison, as relates to health and disease, is fully set forth in the Report of the Physician, Dr. Wm. Trevit. There was an unusually large amount of sickness in the institution during the past year, in consequence of the prevalence of epidemic disease among the prisoners. It is highly gratifying to learn, however, say the directors, that, notwithstanding the increased amount of sickness, the number of deaths among this unfortunate, but erring class of our fellow mortals, was considerably less than an average of the past history of the Prison. There were 800 cases, and nearly 9000 days lost by sickness; while the number of deaths by disease, was but twelve—six of which were from chronic diseases that occurred in debilitated and worn-out constitutions, a part of whom came to the Prison with fatal maladies preying upon them.

By reference to our report of last year, they further observe, it will be

seen that the average per cent. of deaths in the Penitentiary, since the New Prison has been occupied, up to that time, had been about one in thirty-two; this year it has been less than one in thirty-eight. This is attributable, in a great measure, to the careful attention in the hospital, and the skilful and persevering exertion of the Physician.

We consider this, in regard to the skill and fidelity of Dr. Trevit, as highly complimentary. The institution is located at Columbus, the capital town of the State.

Removal of Dropsical Ovaria.—Dr. D. H. Walne, of London, whose three successful cases of removal of dropsical ovaria by the large abdominal section have been alluded to in this Journal, and one of them copied in full, has recently performed his fourth operation of the kind, but which was unfortunately attended with a fatal result. The patient was an unmarried lady, 45 years old, had been tapped several times, and the case was altogether a complicated one. It was at her own urgent request that the operation was performed.

Medical Degrees conferred in March.—The Annual Commencement of the University of Maryland took place on Thursday, on which occasion diplomas were presented to thirty-eight graduates of the Medical College. The Valedictory Address, delivered by Professor N. R. Smith, was very appropriate, and was listened to by a large concourse of ladies and gentlemen, with much interest and satisfaction.

At the Commencement of the Louisville Medical Institute, celebrated at Louisville, Ky., on the 1st inst., 47 students received the degree of Doctor of Medicine.

At the Annual Commencement of the Medical College of Ohio, held March 5th, 1844, the degree of Doctor of Medicine was conferred by the Hon. Judge Este, President of the Board of Trustees, after a previous examination by the Faculty, on 36 gentlemen.

Dr. Fred. Dorsey, of Hagerstown, Md., in about fifty years' practice, has completely left Dr. Dwight in the rear. He has presided as the accoucheur of more than *eight thousand children*, and in a number of instances has presided over three generations of persons.—The scarlet fever is very prevalent and fatal at Newark, N. J.—Dr. Wm. P. C. Barton, of the Medical Bureau, we are happy to perceive, is innocent of certain alleged defalcations, which turn out to be mere fabrications.

TO CORRESPONDENTS.—The communications of Drs. Allen, Bartlett and McFarland, are on file for publication.

MARRIED.—At Fort Jesup, Louisiana, Jos. K. Barnes, Assistant Surgeon, U. S. Army, to Miss Mary T. Fountleroy.

DIED.—At Windsor, Conn., on the 15th inst., Eliphalet Buck, M.D., aged 78, formerly of Granby.

Number of deaths in Boston for the week ending March 23, 28.—Males 14; Females, 14. Stillborn, 3. Of consumption, 5—infantile, 5—dropsy on the brain, 1—scald, 1—erysipelas, 1—scarlet fever, 4—hooping cough, 1—burn, 2—inflammation of the lungs, 1—sudden, 1—child-bed, 1—croup, 1—marasmus, 1—inflammation of the bowels, 1—dropsy, 1—unknown, 1.
Under 5 years, 16—between 5 and 20 years, 1—between 20 and 60 years, 9—over 60 years, 2.

A New Life-preserver.—Our friend, Dr. L. H. Mosby, has invented a *life-preserver* which strikes us as superior to anything of the sort ever yet proposed. It consists of a tin box rendered air-tight, which is to be fitted to the bottoms of the chairs on steam-boats, and which, without being in the way, will form a buoy, always at hand, upon which several persons might float in case of accident. It is at once cheap, simple and efficient, and we have no doubt will soon be found in use on all our steam-boats. Dr. Mosby has taken out a patent for it.—*Western Journal of Medicine and Surgery.*

Mesmerism.—Mesmerism seems to have over-run the land. The marvellous feats, of which we heard so much from foreign parts, a few years since, are now daily performed in all the towns and villages of our country. "Such things o'ercome us like a summer's cloud," not, however, without exciting the "special wonder" of the people. A body of scientific gentlemen, in this city, performed a series of experiments, a few weeks ago, intended to test the reality of the mental sympathy, alleged to exist between the *mesmerisee* and the persons in communication with her. The report of these experiments will be published in our next number. The facts which it sets forth make a curious mass of evidence on the subject, which may enable those who are still in doubt, to form some judgment touching the pretensions of this "science."—*Ibid.*

Judicial Advice to Medical Practitioners.—"In the course of a case which was tried at the Old Bailey yesterday, a medical witness in giving his evidence used the word 'tumefaction,' upon which Mr. Justice Coleridge said, 'I suppose by tumefaction you mean swelling.' Witness—'Yes, my lord.' Mr. Justice Coleridge—'Then it would be much better to use plain English, than to speak that sort of mongrel Latin.'" Such is the purport of a paragraph in the *Times* of Wednesday, or rather such is the paragraph itself. Now we must say, that, if correctly reported, Mr. Justice Coleridge was most absurdly hypercritical; we deny that "tumefaction" is mongrel Latin, or even a pedantic expression, and we think it rather too good that the lawyer should think of correcting the doctor for a fault which the world at large regard as *par excellence* the foible of the gentlemen of the long robe.—*London Medical Gazette.*

Employment of Chloride of Zinc in Toothache. By DR. STANELLI.—According to Dr. Stanelli, the chloride of zinc, liquified by exposure to the air, possesses the property of calming dental pains.

His mode of application is most simple. By means of a small hair pencil, a small quantity of it is applied to the cavity of the painful tooth, and in the space of a few minutes it appeases the most acute sufferings, without causing any irritation.

Before proceeding to the application, it is indispensable carefully to surround with cotton wadding, and, when the chloride has been applied, to well fill the cavity with this same cotton. The mouth is finally washed with a little warm water.

The author affirms that he has obtained uniform success from this means in more than fifty cases, and that he has never observed the progress of the caries rendered more active by it.—*Annali Universali de Medicina ; and Chemist.*